

## DMV Lane Technician Observation Report

DMV Technician: <u>CARLOS RODRIGUEZ</u>		Position: <u>Dr 2</u>	
Station: <u>GT</u>	Date: <u>3/5/14</u>	Time: <u>1:10</u>	
Vehicle Make: <u>CADILLAC</u>	Model: <u>ESCALADE</u>	Year: <u>2009</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>82732</u>	
Auditor: <u>DOSSERT</u>	Covert <del>/</del> <u>Overt</u> (circle one)		
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013

## DMV Lane Technician Observation Report

DMV Technician: <u>KEVIN HORSLEY</u>		Position: <u>1</u> or 2	
Station: <u>GT</u>	Date: <u>3/5/14</u>	Time: <u>1:20</u>	
Vehicle Make: <u>VW</u>	Model: <u>Jetta</u>	Year: <u>2000</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>VN 55093</u>	
Auditor: <u>DOSSETT</u>		<del>Covert</del> / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature: _____			

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## DMV Lane Technician Observation Report

DMV Technician: <u>LES DAISY</u>		Position: <u>Dor 2</u>	
Station: <u>GR</u>	Date: <u>3/5/14</u>	Time: <u>1:20</u>	
Vehicle Make: <u>FORD</u>	Model: <u>FOCUS</u>	Year: <u>2009</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>160231</u>	
Auditor: <u>DOSSERT</u>		<u>Covert / Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
<b>Comment:</b>			
Lane Supervisor Signature: _____			

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## DMV Lane Technician Observation Report

DMV Technician: <u>Steve Aaron</u>		Position: <u>(1 or 2) Technician</u>	
Station: <u>GBT</u>	Date: <u>3/5/14</u>	Time: <u>1:20</u>	
Vehicle Make: <u>GMC</u>	Model: <u>Sierra</u>	Year: <u>2001</u>	
GVWR: <u>6400</u>	Fuel Type: <u>G</u>	Registration Number: <u>C20144</u>	
Auditor: <u>Dosser</u>		<u>Covert / Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature: _____			

## DMV Lane Technician Observation Report

DMV Technician: <u>KEITH TABOR</u>		Position: <u>1</u> or 2	
Station: <u>GT</u>	Date: <u>3/5/14</u>	Time: <u>12:45</u>	
Vehicle Make: <u>CHEVY</u>	Model: <u>SIL</u>	Year	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>HP31532</u>	
Auditor: <u>DOSSERT</u>		<del>Covert</del> / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?		✓	
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?	✓		
a) Was Curb Idle testing performed?	✓		
<b>Comment:</b>			
Lane Supervisor Signature:			

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## DMV Lane Technician Observation Report

DMV Technician: <u>Tyrone L. HANCOY</u>		Position: <u>Dr 2</u>	
Station: <u>GT</u>	Date: <u>3/5/14</u>	Time: <u>12:57</u>	
Vehicle Make: <u>Ford</u>	Model: <u>EDGE LIN2</u>	Year: <u>1989</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>PC 48862</u> 3	
Auditor: <u>Dussan</u>		<input checked="" type="radio"/> <u>Covert / Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013